

**OCTOBER 19, 2021**  
**HOUSE INTERIM APPROPRIATIONS COMMITTEE**  
**REPRESENTATIVE DELZER, CHAIRMAN**  
**NDACP TESTIMONY IN SUPPORT OF**  
**REQUEST OF SENATORS POOLMAN & DEVER**

**A PROPOSAL FOR EMERGENCY DD WORKFORCE STABILIZATION**

**Amount of Proposal: \$2.5 Million**

**The Need:** Community providers serving clients with intellectual or developmental disabilities have staffing shortages exceeding 30%. The normal workforce is about 7000 employees, about 5000 of whom are Direct Support Professionals (DSPs).

- Providers grieve the people we've lost to COVID, but celebrate that people we served in the community had about the same survival rate as other North Dakotans
- Home and Community Based Services (HCBS) with good infection control allowed this success, but many employees quit, and those remaining are fading

**The Problem:** Providers have struggled to maintain adequate services for North Dakotans with IDD by calling for more from our best, most reliable staff. DSPs are often working as many as 80 hours for one provider, and many work for two. These key staff are well into burn out and are losing hope. The DD Division and P&A have begun unprecedented investigations into the adequacy of services and required plans of correction. Providers lack staff and resources to make the corrections.

- Providers have been forced to discharge people served because of lack of staff
- LSTC is over capacity and cannot accept new admissions
- Guardians report people with discharge notices are at risk for homelessness
- At least 8 people with DD being treated at the State Hospital, including some who should be in DD settings
- Providers are currently paying Direct Support Professionals (DSPs) more than the average amount budgeted in the DD Payment System through efficiencies and fundraising
  - The DD Payment system assumes about \$18/hour plus benefits in the funding formula
- Keeping the best DSPs in caring professions is the biggest challenge due to burnout from overtime, paperwork and emotionally challenging situations
- DSP turnover averages over 40%, and typical lengths of employment for a brand new DSP are less than 6 months — at replacement costs of about \$5000 per employee

**The Solution:**

Request for funds to provide an approximate \$500 retention bonus to each of the 5000 DSPs. This would cost \$2.5M. The goal is to provide a one-time investment and counsel DSPs to use the money in ways that will improve their real quality of life. Providers hope to help the best DSPs hang on until more workers return to the workforce now that enhanced benefits (unemployment, housing, food, etc.) are returning to normal.

- Providers have found retention bonuses to be more effective than hiring bonuses
- Modern DSPs expect a chance to deliver meaningful services, and a healthy work environment with coworkers they can learn from
  - Although DSPs will not become rich, senior DSPs can make a good wage
- One time stabilization of the DSP workforce meets the legislative need to avoid ongoing commitments with one-time money
- Workforce stabilization with funds in ARPA from enhanced Medicaid payments (extra 10% FMAP) meets federal requirements to spend the money in HCBS

**The Long Term Benefit:** By increasing recognition of and financial rewards to DSPs, strengthen this part of the workforce that has served their fellow North Dakotans with disabilities so well during the difficult pandemic and societal stress.

- People served and providers all report that new DSPs learn the most from seeing quality services being delivered by their mentors
- Stability, including having time for training and development of supervisors, have yielded better results for people served
- Contrary to the trauma cycle, helping people live in the community where their needs are met and their worst experiences are reduced leads to greater physical and psychological health

**The Cost of Doing Nothing:** DSPs will continue to burn out at a higher rate. The lack of adequate staff is already driving more North Dakotans toward more expensive, less appropriate institutional services, including the State Hospital, LSTC, and others

- Life Skills and Transition Center (LSTC) or State Hospital services can easily cost twice the highest community service payment
- NDACP highly values the LSTC as a safety net and provider of last resort, but moving back to the community is harder than an admission to institutional care
- North Dakota has valued serving people with DD in the community for decades, but the same expectations that drive the US-DOJ settlement agreement in Aging Services apply to DD, and must be met
- Providers with decades of experience have reported being scared about the future of the DD system for the first time